

**COMBINED DECLARATION  
AND POWER OF ATTORNEY**COPY OF PAPERS  
OFFICIALLY FILED

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and ☐ sole/☒ joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **METHOD AND APPARATUS FOR DIGITAL MEDIA MANAGEMENT, RETRIEVAL AND COLLABORATION**, the specification of which

(a) ☐ is attached hereto.(b) ☒ was filed on April 21, 2002 as Application Serial No. 10/063,413 and was amended on \_\_\_\_\_.(c) ☐ was described and claimed in International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and amended on \_\_\_\_\_.**Acknowledgment of Duty of Disclosure**

I hereby state that I have reviewed and understood the content of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56(a).

**35 U.S.C. § 120**

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<u>PCT/US01/26841</u>	<u>28 Aug 2001</u>	<u>Pending</u>	
(Application Serial No.)	(Filing Date)	(Status)(patented,pending,abandoned)	(Patent No. if applicable)
_____	_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status)(patented,pending,abandoned)	(Patent No. if applicable)

**Power of Attorney**

I hereby appoint Carl Oppedahl, PTO Reg. No. 32,746 and Marina T. Larson, PTO Reg. No. 32,038, of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5068, Dillon, CO 80435-5068 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

**021121**

PATENT TRADEMARK OFFICE

DIRECT TELEPHONE CALLS TO:

OPPEDAHL & LARSON LLP  
(970)468-6600

**Claim for Priority**

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.


EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
				YES[ ] NO[ ]	YES[ ] NO[ ]
FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)		

**Provisional Application**

I hereby claim the benefit under 35 U.S.C § 119(e) of any United States provisional application(s) listed below.

60/228,837	28 August 2000
(application number)	(filing date)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME FLANK	FIRST NAME SHARON	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Vienna	STATE OR COUNTRY OF RESIDENCE Virginia	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS eMotion, Inc. 2600 Park Tower Drive		CITY Vienna	STATE/COUNTRY ZIP CODE VA 22180
DATE 7 May 2002		SIGNATURE 	

- [x] Signature for additional joint inventor attached. Number of Pages 1.
- [ ] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages    .
- [ ] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages    .

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NAME OF SECOND INVENTOR	LAST NAME SPERER	FIRST NAME Ruth	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE 46447 Hertzlia	STATE OR COUNTRY OF RESIDENCE Israel	COUNTRY OF CITIZENSHIP IL
POST OFFICE ADDRESS Ha ' Shofim 7, Apt. 45		CITY 46447 Hertzlia	STATE/COUNTRY ZIP CODE Israel
DATE		SIGNATURE	
NAME OF THIRD INVENTOR	LAST NAME ROMER	FIRST NAME Donna	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Houston	STATE OR COUNTRY OF RESIDENCE Texas	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS 2111 Welch St. #B-301		CITY Houston	STATE/COUNTRY ZIP CODE Texas 77019 USA
DATE 5/20/02		SIGNATURE Donna Romer	
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	
NAME OF FIFTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	

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EMTN.P-001-5

COMBINED DECLARATION  
AND POWER OF ATTORNEY

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(a) ☐ is attached hereto.

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## Acknowledgment of Duty of Disclosure

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## 35 U.S.C. § 120

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PCT/US01/28841	28 Aug 2001	Pending	
(Application Serial No.)	(Filing Date)	(Status)(national, pending, abandoned)	(Patent No. if applicable)
(Application Serial No.)	(Filing Date)	(Status)(national, pending, abandoned)	(Patent No. if applicable)

## Power of Attorney

I hereby appoint Carl Oppedahl, PTO Reg. No. 32,746 and Marina T. Larson, PTO Reg. No. 32,038, of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5038, Dillon, CO 80435-5038 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:  021121 FIRST TIME USE	DIRECT TELEPHONE CALLS TO: OPPEDAHL & LARSON LLP (970) 435-0200
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10063413 072202

EMTN.P-001-5

## Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(c) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.


EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION					
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)		

## Provisional Application

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

60/226,637 28 August 2000  
(application number) (filing date)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME FLANK	FIRST NAME SHARON	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Vienna	STATE OR COUNTRY OF RESIDENCE Virginia	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS eMotion, Inc. 2800 Park Tower Drive		CITY Vienna	STATE/COUNTRY ZIP CODE VA 22180
DATE 7 May 2002		SIGNATURE 	

( ) Signature for additional joint inventor attached. Number of Pages 1.

( ) Signature by Administrator(s) or legal representative for deceased or incapacitated inventor. Number of Pages    .

( ) Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages    .

10063413-072202

**EMTN.P-001-5**

NAME OF SECOND INVENTOR	LAST NAME SPERER	FIRST NAME Ruth	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE 48447 Hertzia	STATE OR COUNTRY OF RESIDENCE Israel	COUNTRY OF CITIZENSHIP IL
POST OFFICE ADDRESS Ha' Shofim 7, Apt. 45		CITY 48447 Hertzia	STATE/COUNTRY ZIP CODE Israel
DATE 6/13/02		SIGNATURE <i>Ruth Sperer</i>	
NAME OF THIRD INVENTOR	LAST NAME ROMER	FIRST NAME Donna	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Houston	STATE OR COUNTRY OF RESIDENCE Texas	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS 2111 Welch St. #8-301		CITY Houston	STATE/COUNTRY ZIP CODE Texas 77019 USA
DATE 5/20/02		SIGNATURE <i>Donna Romer</i>	
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	
NAME OF FIFTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	